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| Fill in this information to identify your case: | | |
|--|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture | Maria First name R Middle name | First name Middle name |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1418 | |

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Case number (if known)

Debtor 1 Maria R Jimenez

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
|----|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | |
| | | EINs | EINs | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | |
| | | 522 North Galena Ave Dixon, IL 61021 | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | |
| | | Lee | | |
| | | County | County | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from you in here. Note that the court will send any notices to mailing address. | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petiti have lived in this district longer than in any o district. | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | |
| | | | | |

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Document Case number (if known) Debtor 1 Maria R Jimenez

| Part | 2: Tell the Court About | our B | ankruptcy Ca | se | | | |
|------|---|---|-----------------|------------------------------------|--|--|--------------------------|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | choosing to file under | ■ C | hapter 7 | | | | |
| | | □ с | hapter 11 | | | | |
| | | □ с | hapter 12 | | | | |
| | | □ с | hapter 13 | | | | |
| | | | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typ attorney is subr | oically, if you are paying the f | check with the clerk's office in your loca ee yourself, you may pay with cash, cas r behalf, your attorney may pay with a cr | hier's check, or money |
| | | | | | tallments. If you choose this is (Official Form 103A). | option, sign and attach the Application | for Individuals to Pay |
| | | | | | | option only if you are filing for Chapter 7 | |
| | | | applies to you | ır family size ar | nd you are unable to pay the | r if your income is less than 150% of the fee in installments). If you choose this o | ption, you must fill out |
| | | | the Application | n to Have the (| Chapter 7 Filing Fee Waived | (Official Form 103B) and file it with your | petition. |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No | D. | | | | |
| | last 8 years? | ☐ Ye | es. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No | <u> </u> | | | | |
| | cases pending or being filed by a spouse who is | □Ye | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if know | n |
| | | | Debtor | | | Relationship to you | |
| | | | District | - | When | Case number, if know | n |
| 11. | Do you rent your residence? | ■ No | Go to l | ne 12. | | | |
| | | ☐ Ye | es. Has yo | ur landlord obta | ained an eviction judgment a | gainst you and do you want to stay in yo | ur residence? |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out In bankruptcy pet | | ction Judgment Against You (Form 101A |) and file it with this |
| | | | | | | | |

Case 17-80312 Doc 1 Filed 02/16/17 Entered 02/16/17 15:10:59 Desc Main Document Page 4 of 68 Case number (if known) Debtor 1 Maria R Jimenez Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D).

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

Part 4:

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. | |
|------|--|
| | |
| | |

☐ Yes.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

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Debtor 1 Maria R Jimenez

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Maria R Jimenez | | Document | Paye 0 01 00 | Case number (if k | znown) |
|------|--|--|---|--|----------------------|--|
| Part | 6: Answer These Quest | ions for Repo | orting Purposes | | | |
| 16. | What kind of debts do you have? | | re your debts primarily consum dividual primarily for a personal, f | | | in 11 U.S.C. § 101(8) as "incurred by an |
| | | | No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | | re your debts primarily busines oney for a business or investmen | | | |
| | | | No. Go to line 16c. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16c. St | tate the type of debts you owe that | at are not consumer de | ebts or business de | bts |
| 17. | Are you filing under Chapter 7? | □ No. I a | am not filing under Chapter 7. Go | to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | | am filing under Chapter 7. Do you re paid that funds will be available | | | is excluded and administrative expenses |
| | administrative expenses are paid that funds will | | No | | | |
| | be available for distribution to unsecured creditors? | |] Yes | | | |
| 18. | How many Creditors do | 1 -49 | | 1 ,000-5,000 | | 2 5,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | 5001-10,000 | | 50,001-100,000 |
| | | ☐ 100-199 ☐ 200-999 | | 10,001-25,000 | | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$50, | 000 | □ \$1,000,001 - \$10 i | million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 | | □ \$1,000,000,001 - \$10 billion |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$50,000,001 - \$10 □ \$100,000,001 - \$5 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$50, | 000 | □ \$1,000,001 - \$10 i | million | □ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | \$50,001 | | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | | \$1,000,000,001 - \$10 billion |
| | | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$100,000,001 - \$100 million | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | Φ ψ300,00 | 1 - \$1 Hillion | | | · |
| Part | 7: Sign Below | | | | | |
| For | you | I have exam | nined this petition, and I declare u | nder penalty of perjury | that the information | on provided is true and correct. |
| | | | osen to file under Chapter 7, I am es Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. |
| | | | y represents me and I did not pay have obtained and read the notic | | | attorney to help me fill out this |
| | | I request rel | ief in accordance with the chapte | r of title 11, United Sta | tes Code, specified | d in this petition. |
| | | bankruptcy and 3571. | case can result in fines up to \$25 | | | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | /s/ Maria R Maria R Ji Signature of | menez | Sign | ature of Debtor 2 | |
| | | Executed or | February 16, 2017 | Exec | cuted on | |
| | | | MM / DD / YYYY | | | D/YYYY |

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Debtor 1 Maria R Jimenez Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ MICHAEL C. DOWNEY | Date | February 16, 2017 | |
|--|---------------|-------------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| MICHAEL C. DOWNEY | | | |
| Printed name | | | |
| LAW OFFICE OF MICHAEL C. DOWNEY | | | |
| Firm name | | | |
| 420 WEST SECOND STREET | | | |
| DIXON, IL 61021 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone 815.288.6688 | Email address | | |
| 6186785 - Illinois | | | |
| Day wyrobay 9 Ctata | | | |

| | | DOCUM | <u>eni Pade 8 di b</u> | <u>8</u> | | |
|--------------------|--------------------------|-------------------|------------------------|----------|--------------------|---|
| Fill in this infor | mation to identify your | case: | | | | |
| Debtor 1 | Maria R Jimenez | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| Jnited States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - WESTERN | DIVISION | | |
| Case number _ | | | | | | |
| if known) | | | | | ☐ Check if this is | |
| | | | | | amended filing | 1 |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets | | |
|-----|--|-------------|--------------------------|
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 93,500.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 6,210.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 99,710.00 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 85,087.44 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 41,756.25 |
| | Your total liabilities | \$ | 126,843.69 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,776.45 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,762.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bounded purpose "1411.5.0. \$ 101(0). Fill out lines 8.00 for detictical purposes 28.11.5.0. \$ 150 | a personal | , family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | ١. |
|----|--|----|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | 1 |

2,389.14

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| From Fart 4 on Schedule E/F, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| (| Jase 17-8031 | 2 Doc 1 | | 02/16/17 :ument | Entered 02 Page 10 of 0 | | / 15:10 | :59 Des | SC IVI | ain |
|---|--|-----------------------------|--------------------|--------------------|-------------------------------------|-------------|---|---------------------------------|---------|---------------------------------------|
| ill in this info | ormation to identify | your case and th | | | | <u> </u> | | | | |
| Debtor 1 | Maria R Jim | enez | | | | | | | | |
| | First Name | Middle | e Name | | Last Name | | | | | |
| Debtor 2 Spouse, if filing) | First Name | Middle | e Name | | Last Name | | | | | |
| Jnited States | Bankruptcy Court for | the: NORTHER | RN DIST | RICT OF ILLI | NOIS - WESTERN | DIVISION | 1 | | | |
| | | | | | | | | | | |
| Case number | | | | | _ | | | | _ | heck if this is an mended filing |
| Schedu each category nink it fits best. | orm 106A/E ILE A/B: PI I, separately list and d Be as complete and a ore space is needed, lestion | roperty escribe items. List | le. If two | married people | e are filing together, | both are e | equally resp | onsible for su | pplying | correct |
| Do you own o | be Each Residence, Bor have any legal or equal art 2. The is the property? | | | | | | | | | |
| 1.1 | | | What | t is the property | y? Check all that apply | | | | | |
| | th Galena Ave ss, if available, or other des | orintion | Single-family home | | | | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> : | | | |
| Street addre | SS, II AVAIIADIE, OI UITIEI GES | сприоп | | Condominium | lti-unit building or cooperative | | | | | red by Property. |
| Divon | | C4024 0000 | | | or mobile home | | Current va | | | nt value of the |
| City | IL State | ZIP Code | | | operty | | entire pro | perty? 35,000.00 | portio | n you own? \$85,000.00 |
| | | | | | | | | | | ership interest the entireties, or |
| | | | _ | | t in the property? Che | eck one | | e), if known. | , , | , |
| Lee | | | | | | | | r·* | | |
| County | | | | | Debtor 2 only | | . | 16.41.15.15. | | |
| | | | | | f the debtors and anot | her | | c if this is com structions) | munity | property |
| | | | | = | ou wish to add abou | t this item | , such as lo | cal | | |
| | | | prop | erty identificati | on number: | | | | | |

Official Form 106A/B Schedule A/B: Property page 1 Case 17-80312 Doc 1 Filed 02/16/17 Entered 02/16/17 15:10:59 Desc Main Page 11 of 68
Case number (if known) Document

| Debt | or 1 <u>N</u> | laria R Jimenez | | D 00 | ament rage 11 or oc | Case number (if known) | |
|--------|---------------|-------------------------------------|-----------------|-----------------|---|--|--|
| | If you o | wn or have more | than one. li | st here: | | | |
| 1.2 | you o | Will of mayo more | | | is the property? Check all that apply | | |
| | | 10, Lots 69 & 70 | | | Single-family home | Do not deduct secured c | laims or exemptions. Put |
| | | aven Lakes | | | Duplex or multi-unit building | the amount of any secure | ed claims on Schedule D: |
| _ | | loille Road | | | Condominium or cooperative | Creditors Who Have Cla | ims Secured by Property. |
| | Street addre | ess, if available, or other desc | cription | ш | | | |
| | | | | | Manufactured or mobile home | Current value of the | Current value of the |
| | Sublette | e IL | 61367-000 | 00 🗆 | Land | entire property? | portion you own? |
| _ | City | State | ZIP Code | 🗆 | Investment property | \$8,500.00 | \$8,500.00 |
| | | | | | Timeshare | | · · · · · · · · · · · · · · · · · · · |
| | | | | | Other Land with trailers | | your ownership interest |
| | | | | Who | has an interest in the property? Check of | ` | nancy by the entireties, or |
| | | | | | Debtor 1 only | Joint tenant | |
| | Lee | | | _ | Debtor 2 only | | |
| _ | County | | | | • | | |
| | County | | | | Debtor 1 and Debtor 2 only | ☐ Check if this is cor | nmunity property |
| | | | | | At least one of the debtors and another | (see instructions) | |
| | | | | | r information you wish to add about th | is item, such as local | |
| | | | | | erty identification number: | | |
| | | | | | se lots contain two trailers tha | | |
| | | | | my | parents name, Ricardo and Ete | elvina Jimenez and myse | elt. |
| | | | | | | | |
| | | | | | | | |
| | | | | | your entries from Part 1, including r here | | \$93,500.00 |
| μ | ages you | i nave allacheu ior i | -art i. write | mai numbe | i nere | | , , |
| Part 2 | 2 Descri | be Your Vehicles | | | | | |
| | | trucks, tractors, sp | ort utility vel | nicles, moto | rcycles | | |
| 3.1 | Make: | Chevrolet | | Who has a | n interest in the property? Check one | | claims or exemptions. Put |
| | Model: | Truck - Avalach | <u>е</u> | ■ Debtor | | | ed claims on Schedule D: nims Secured by Property. |
| | Year: | 2002 | | Debtor 2 | • | | |
| | | nate mileage: | 160000 | | 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | formation: | 100000 | | one of the debtors and another | onimo proporty. | portion you out |
| | | | | - At least | one of the deptors and another | | |
| | | | | ☐ Check i | if this is community property | \$4,000.00 | \$4,000.00 |
| | | | | | ructions) | | |
| Exa | amples: B | | | tercraft, fishi | eational vehicles, other vehicles, and vessels, snowmobiles, motorcycle n interest in the property? Check one | | |
| | Model: | Trailer | | Debtor | 1 only | | ims Secured by Property |
| | Year: | 1982 | | ☐ Debtor 2 | 2 only | Current value of the | , , , |
| | | | | | 1 and Debtor 2 only | entire property? | Current value of the portion you own? |
| | Other inf | ormation: | | | one of the debtors and another | | - |
| | | n Lot 70 in Woodh , Sublette, IL | aven | ☐ Check i | if this is community property ructions) | Unknown | Unknowr |

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1

| | Case 17-80312 | Doc 1 Filed 02/16/17 Document | Entered 02/16 Page 12 of 68 | 5/17 15:10:59 | Desc Main |
|---|--|--|--------------------------------|---------------------------|--|
| Debtor 1 | Maria R Jimenez | | C | ase number (if known) | |
| 4.2 Make: | Dragway | Who has an interest in the | | Do not deduct secur | ed claims or exemptions. Put ecured claims on Schedule D: |
| Model: | Trailer | ■ Debtor 1 only | | | Claims Secured by Property. |
| Year: | 1976 | Debtor 2 only | | Current value of the | |
| Oth and | . f | Debtor 1 and Debtor 2 o | • | entire property? | portion you own? |
| | nformation: on Lot 69, Woodhave | At least one of the debto | | Unknowr | n Unknown |
| I | s, Sublette, IL | (see instructions) | mity property | Olikilowi | - Olikilowii |
| Part 3: Descr Do you own 6. Household | thave attached for Pa ribe Your Personal and H or have any legal or ed d goods and furnishing Major appliances, furni escribe | quitable interest in any of the follow | ing items? | | \$4,000.00 Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples: ☐ No ☐ Yes. Do 8. Collectible | Televisions and radios including cell phones, describe TV's | ; audio, video, stereo, and digital equip cameras, media players, games | | | \$250.00 |
| Examples: ☐ No ☐ Yes. De | other collections, mem | ; paintings, prints, or other artwork; boo orabilia, collectibles | ks, pictures, or other ar | t objects; stamp, coin, o | r baseball card collections; |
| | Dining | room set | | | \$200.00 |
| | musical instruments | es exercise, and other hobby equipment; b | picycles, pool tables, go | If clubs, skis; canoes an | d kayaks; carpentry tools; Unknown |
| | | | | | |
| ■ No □ Yes. Do | escribe s: Everyday clothes, furs | ns, ammunition, and related equipment | | | |

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Document Debtor 1 Maria R Jimenez

| | Clothes and family photos | | \$350.00 |
|-----|---|---|--|
| 12. | . Jewelry Examples: Everyday jewelry, costume jewelry, engageme No Yes. Describe | ent rings, wedding rings, heirloom jewelry, watches | s, gems, gold, silver |
| 13. | Non-farm animals | | |
| | Examples: Dogs, cats, birds, horses ☐ No | | |
| | Yes. Describe | | |
| | 2 Dogs | | \$0.00 |
| | . Any other personal and household items you did not a ■ No □ Yes. Give specific information | already list, including any health aids you did n | ot list |
| 15 | 5. Add the dollar value of all of your entries from Part 3 for Part 3. Write that number here | | ched \$1,500.00 |
| | | | |
| | art 4: Describe Your Financial Assets | | |
| Do | o you own or have any legal or equitable interest in any | of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | . Cash Examples: Money you have in your wallet, in your home, □ No ■ Yes | , | our petition |
| | | Cash | \$10.00 |
| 17. | Deposits of money Examples: Checking, savings, or other financial accounts institutions. If you have multiple accounts with | ; certificates of deposit; shares in credit unions, br the same institution, list each. | okerage houses, and other similar |
| | □ No ■ Yes | Institution name: | |
| | 17.1. Checking | Sterling Federal Bank | \$300.00 |
| 18. | Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokera | ge firms, money market accounts | |
| | ■ No □ Yes Institution or issuer name | e: | |
| 19. | Non-publicly traded stock and interests in incorporate joint venture | d and unincorporated businesses, including a | n interest in an LLC, partnership, and |
| | ■ No | | |
| | ☐ Yes. Give specific information about them | % of ownersh | nip: |
| | Government and corporate bonds and other negotiable Negotiable instruments include personal checks, cashiers Non-negotiable instruments are those you cannot transfer No | checks, promissory notes, and money orders. | |
| | ☐ Yes. Give specific information about them | | |
| Off | ficial Form 106A/B Sc | hedule A/B: Property | page 4 |

Case 17-80312 Doc 1 Filed 02/16/17 Entered 02/16/17 15:10:59 Desc Main Page 14 of 68
Case number (if known) Document Debtor 1 Maria R Jimenez Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) **KSB** \$400.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2016 tax refund, if any Unknown **Federal and State** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information......

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information..

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Case number (if known) Document Debtor 1 Maria R Jimenez 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$710.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

■ No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Case number (if known) Document Debtor 1 Maria R Jimenez

| Part | List the Totals of Each Part of this Form | | | |
|------|--|------------|------------------------------|-------------|
| 55. | Part 1: Total real estate, line 2 | | | \$93,500.00 |
| 56. | Part 2: Total vehicles, line 5 | \$4,000.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$1,500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$710.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$6,210.00 | Copy personal property total | \$6,210.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$99,710.00 |

Official Form 106A/B Schedule A/B: Property page 7

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|-------------------|-----------------------|----------|
| Debtor 1 | Maria R Jimenez | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS - WESTERN | DIVISION |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | ptions are | you claiming? | Check one only | , even if | your spouse is | s filing with | vou. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 522 North Galena Ave Dixon, IL 61021 Lee County | \$85,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2002 Chevrolet Truck - Avalache 160000 miles | \$4,000.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2002 Chevrolet Truck - Avalache 160000 miles | \$4,000.00 | | \$1,600.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Normal complement of household goods | \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV's Line from Schedule A/B: 7.1 | \$250.00 | | \$250.00 | 735 ILCS 5/12-1001(b) |
| LINE HOLL SCHEUUIE PAD. 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| | mana it omionoz | | | | | |
|----|--|--|------------|---|------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption | |
| | Dining room set Line from Schedule A/B: 8.1 | \$200.00 | | \$200.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | |
| | Clothes and family photos Line from Schedule A/B: 11.1 | \$350.00 | ■ | \$350.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) | |
| | Cash Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | |
| | Checking: Sterling Federal Bank Line from Schedule A/B: 17.1 | \$300.00 | \$300.00 □ | \$300.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | |
| | 401(k): KSB Line from Schedule A/B: 21.1 | \$400.00 | | \$400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 | |
| | Federal and State: 2016 tax refund, if any Line from Schedule A/B: 28.1 | Unknown | | Unknown 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No □ Yes. Did you acquire the property covere □ No □ Yes | 3 years after that for ca | ases fi | · | , | |

| | | Document | <u>Page 19</u> | 9 of 68 | | |
|---|------------------|--|----------------|--|--|--------------------------|
| Fill in this information to | o identify you | case: | | | | |
| Debtor 1 Mari | a R Jimenez | | | | | |
| First Na | | | Last Name | | | |
| Debtor 2 (Spouse if, filing) First No. | omo | Middle Name | Last Name | | | |
| (Spouse if, filing) First Na | ame | | | | | |
| United States Bankruptcy | Court for the: | NORTHERN DISTRICT OF ILLIN | 10IS - WES | TERN DIVISION | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | ded filing |
| Official Form 1061 | n | | | | | |
| Official Form 106I | | | | | | |
| Schedule D: Ci | reditors | Who Have Claims S | ecure | by Propert | У | 12/15 |
| | | two married people are filing together ut, number the entries, and attach it to | | | | |
| 1. Do any creditors have cla | ims secured by | your property? | | | | |
| ☐ No. Check this box | and submit th | is form to the court with your other so | chedules. Y | ou have nothing else t | o report on this form. | |
| ■ Yes. Fill in all of the | | • | | 3 | · | |
| | | Clow. | | | | |
| Part 1: List All Secure | | | | Column A | Column B | Column C |
| for each claim. If more than of | one creditor has | ore than one secured claim, list the credit a particular claim, list the other creditors in al order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Chase Mortgage | | Describe the property that secures the | e claim: | \$74,887.44 | \$85,000.00 | \$0.00 |
| Creditor's Name | | 522 North Galena Ave Dixon, | IL | | <u> </u> | |
| | | 61021 Lee County | | | | |
| PO Box 9001871 | l | As of the date you file, the claim is: Ch | neck all that | | | |
| Louisville, KY 40 | 290-1871 | apply. Contingent | | | | |
| Number, Street, City, State | e & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the debt? Chec | ck one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | An agreement you made (such as mo | ortgage or sec | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 on | • | Statutory lien (such as tax lien, mechanic | anic's lien) | | | |
| At least one of the debtors | | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relate community debt | es to a | Other (including a right to offset) | | | | |
| | | | | | | |
| Date debt was incurred 2 | 007 | Last 4 digits of account numbe | r | | | |
| 22 Los County Colle | ootor | Describe the property that accuracy the | o oloimi | \$200.00 | ¢9 500 00 | \$200.00 |
| 2.2 Lee County Colle Creditor's Name | - | Section 10, Lots 69 & 70 | ; Claiiii. | \$200.00 | \$8,500.00 | φ200.00 |
| | | Woodhaven Lakes 508 LaMoil | lle | | | |
| | | Road Sublette, IL 61367 Lee (| - | | | |
| | | These lots contain two trailers | | | | |
| | | are in disrepair. One lot, 69 is | | | | |
| | | both my parents name, Ricard Etelvina Jimenez and myself. | o and | | | |
| Loo County Cou | rt Hausa | As of the date you file, the claim is: Ch | neck all that | | | |
| Lee County Cour Dixon, IL 61021 | t nouse | apply. | | | | |
| Number, Street, City, State | & Zin Code | ☐ Contingent ☐ Unliquidated | | | | |
| Hamber, Street, Sity, State | . u 2.p 0000 | ☐ Disputed | | | | |
| Who owes the debt? Ched | ck one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as mo | ortgage or sec | cured | | |
| ☐ Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Debtor 2 on | ly | ☐ Statutory lien (such as tax lien, mecha | anic's lien) | | | |
| At least one of the debtors | s and another | ☐ Judgment lien from a lawsuit | | | | |

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| Debtor 1 Maria R Jimenez | | | Case number (if know) | | |
|--|--|---|----------------------------|------------|------------|
| First Name Middle | Name Last Name | _ | - | | |
| ☐ Check if this claim relates to a community debt | ■ Other (including a right to offset) | Real Esta | te Taxes | | |
| Date debt was incurred | Last 4 digits of account num | nber | | | |
| 2.3 Woodhaven Association | Describe the property that secures | the claim: | \$10,000.00 | \$8,500.00 | \$1,500.00 |
| Creditor's Name 508 La Moille Rd Sublette, IL 61367 Number, Street, City, State & Zip Code | Section 10, Lots 69 & 70 Woodhaven Lakes 508 LaM Road Sublette, IL 61367 Le These lots contain two trail are in disrepair. One lot, 69 both my parents name, Rice Etelvina Jimenez and myse As of the date you file, the claim is: apply. Contingent Unliquidated | e County ers that is in ardo and | | | |
| Who owes the debt? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as car loan) | mortgage or se | ecured | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | echanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | ■ Other (including a right to offset) | Liens for | electric, water, assoc. c | lues | |
| Date debt was incurred | Last 4 digits of account num | nber | | | |
| | Column A on this page. Write that nun d the dollar value totals from all pages | | \$85,087.44 \$85,087.44 | - | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | Case 11-00312 D | Documen | | sc main |
|---|---|---|--|--|
| Fill in this | information to identify your c | | | |
| Debtor 1 | Maria R Jimenez | | | |
| 200101 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRICT C | DF ILLINOIS - WESTERN DIVISION | |
| Case num | ber | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| Official | Form 106E/F | | | |
| | ule E/F: Creditors WI | ao Hayo Uncocu | rad Claims | 12/15 |
| | | | ICCU CIGITIS IORITY claims and Part 2 for creditors with NONPRIORITY cla | |
| Schedule G Schedule D eft. Attach t | : Executory Contracts and Unexpir : Creditors Who Have Claims Secu | ed Leases (Official Form 100 red by Property. If more spa | Also list executory contracts on Schedule A/B: Property (Offic 6G). Do not include any creditors with partially secured claims ce is needed, copy the Part you need, fill it out, number the er to report in a Part, do not file that Part. On the top of any add | s that are listed in ntries in the boxes on the |
| | List All of Your PRIORITY Uns | | | |
| 1. Do any | creditors have priority unsecured | claims against you? | | |
| No. | Go to Part 2. | | | |
| ☐ Yes | | | | |
| Part 2: | List All of Your NONPRIORITY | Unsecured Claims | | |
| 3. Do any | creditors have nonpriority unsecu | red claims against you? | | |
| ☐ No. | You have nothing to report in this pa | rt. Submit this form to the cour | t with your other schedules. | |
| ■ Yes | | | | |
| unsecu | red claim, list the creditor separately | for each claim. For each claim | r of the creditor who holds each claim. If a creditor has more that listed, identify what type of claim it is. Do not list claims already in f you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. If more |
| | | | | Total claim |
| 4.1 C | enturyLink | Last 4 digits of | of account number | \$200.00 |
| | onpriority Creditor's Name | When was the | e debt incurred? | |
| | O Box 4300 arol Stream, IL 60197-4300 | When was the | ; debt incurred? | _ |
| | ımber Street City State Zlp Code | As of the date | you file, the claim is: Check all that apply | |
| WI | ho incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidate | ed | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and anot | her Type of NONF | PRIORITY unsecured claim: | |
| | Check if this claim is for a comm | unity | ins | |
| de | | | arising out of a separation agreement or divorce that you did not | |
| | the claim subject to offset? | report as priori | | |
| | No | ☐ Debts to pe | ension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Spe | cify | _ |

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Debtor 1 Maria R Jimenez Case number (if know) 4.2 \$6,680.21 Chase - CC Last 4 digits of account number 8170 Nonpriority Creditor's Name Attn. Bankruptcy Department When was the debt incurred? PO Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 **Collection Professionals** Last 4 digits of account number Unknown Nonpriority Creditor's Name PO Box 416 When was the debt incurred? La Salle, IL 61301-0416 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 Comcast Last 4 digits of account number 2385 \$189.85 Nonpriority Creditor's Name 4450 Kishwaukee St When was the debt incurred? Rockford, IL 61109 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes

Other. Specify

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Document Page 23 of 68 Debtor 1 Maria R Jimenez Case number (if know) 4.5 \$548.00 ComEd Last 4 digits of account number 9026 Nonpriority Creditor's Name System Credit/Bankruptcy Dept. When was the debt incurred? 2100 Swift Drive Oak Brook, IL 60523-1559 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Woodhaven, Sublette ☐ Yes 4.6 ComEd Last 4 digits of account number 0023 \$400.00 Nonpriority Creditor's Name System Credit/Bankruptcy Dept. When was the debt incurred? 2100 Swift Drive Oak Brook, IL 60523-1559 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No 522 N Galena, Dixon, IL ☐ Yes 4.7 **Commenity Bank** Last 4 digits of account number Unknown Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 182789 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No ☐ Yes report as priority claims

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Maria R Jimenez Case number (if know) \$200.00 4.8 Direct TV, Inc. Last 4 digits of account number Nonpriority Creditor's Name PO Box 78626 When was the debt incurred? Phoenix, AZ 85062-8626 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes 4.9 Dr Kim Brokaw, DDS Last 4 digits of account number Unknown Nonpriority Creditor's Name When was the debt incurred? 123 Hennepin **Dixon, IL 61021** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Fashion Bug** Unknown Last 4 digits of account number Nonpriority Creditor's Name PO Box 856021 When was the debt incurred? Louisville, KY 40285-6021 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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| Debt | Maria R Jimenez | Case number (if know) | |
|----------|---|---|------------|
| 4.1 1 | IC System | Last 4 digits of account number | Unknown |
| | Nonpriority Creditor's Name | When we the debt in some do | |
| | PO Box 64378 Saint Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | KSB HOSPITAL & MEDICAL | Last 4 digits of account number | \$2,000.00 |
| | Nonpriority Creditor's Name 403 East 1st St Dixon, IL 61021 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 3 | Lee County Collector | Last 4 digits of account number | \$200.00 |
| | Nonpriority Creditor's Name Lee County Court House Dixon, IL 61021 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Lot 69 & 70 in Woodhaven Lakes | |
| | | - dimit menany | |

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Case number (if know) Debtor 1 Maria R Jimenez 4.1 \$410.00 Lee County Health Dept. 8994 Last 4 digits of account number 4 Nonpriority Creditor's Name 309 S Galena When was the debt incurred? **Dixon, IL 61021** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Midland States Bank \$10,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 101 W 1st St. **Dixon, IL 61021** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Nicor Gas** 3518 \$1.021.51 Last 4 digits of account number 6 Nonpriority Creditor's Name Attention: Bankruptcy & Collections When was the debt incurred? PO Box 549 Aurora, IL 60507-0549 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

Other. Specify

Page 27 of 68 Case number (if know) Document Debtor 1 Maria R Jimenez 4.1 \$308.75 **REPUBLIC SERVICES #766** 3760 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9001154 When was the debt incurred? Louisville, KY 40290 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **Rockford Health Physicians** 4395 \$59.48 Last 4 digits of account number 8 Nonpriority Creditor's Name When was the debt incurred? 2300 North Rockton Ave. Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify **Rockford Health** 4.1 \$2,500.00 Systems-Endocnolgy Last 4 digits of account number Nonpriority Creditor's Name 2300 North Rockton Ave When was the debt incurred? Rockford, IL 61103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

Other. Specify

☐ Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Maria R Jimenez Case number (if know) 4.2 Stewarts Heating & Air \$132.50 Last 4 digits of account number 0 Nonpriority Creditor's Name 321 West 1st When was the debt incurred? **Dixon, IL 61021** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **TARGET NATIONAL BANK** \$3,801.33 Last 4 digits of account number Nonpriority Creditor's Name **PO BOX 673** When was the debt incurred? Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 TD Bank \$3.801.33 Last 4 digits of account number Nonpriority Creditor's Name co Blatt Hasenmiller Leibsker When was the debt incurred? Moore 211 Landmark Dr., Ste c1 Normal, IL 61761-2160 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Official Form 106 E/F

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Debtor 1 Maria R Jimenez Case number (if know) 4.2 \$60.00 **United States Cellular** Last 4 digits of account number 3 Nonpriority Creditor's Name PO Box 0203 When was the debt incurred? Palatine, IL 60055 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **VERIZON WIRELESS** 0001 \$77.20 Last 4 digits of account number Nonpriority Creditor's Name PO Box 26055 When was the debt incurred? Minneapolis, MN 55426 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 Woodhaven Association \$8.559.86 Last 4 digits of account number Nonpriority Creditor's Name 508 La Moille Rd When was the debt incurred? **PO Box 110** Sublette, IL 61367 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Section 100 Lots 69 & 70

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| No | ☐ Debts to pension or profi | t-sharing plans, and other similar debts | | | | |
|---|---|---|-----------------|--|--|--|
| ☐ Yes | Other. Specify | | | | | |
| Part 3: List Others to Be Notified About | t a Debt That You Already Listed | | | | | |
| is trying to collect from you for a debt you ow | re to someone else, list the original cre bts that you listed in Parts 1 or 2, list tl | t that you already listed in Parts 1 or 2. For example, if a co ditor in Parts 1 or 2, then list the collection agency here. Sir ne additional creditors here. If you do not have additional pe | nilarly, if you | | | |
| Name and Address | On which entry in Part 1 or Part 2 | | | | | |
| Att Linda Giesen | Line <u>4.25</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| Dixon & Giesen Law Offices 121 East 1st St | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Dixon, IL 61021 | Last 4 digits of account number | | | | | |
| Name and Address | - | did you list the original creditor? | | | | |
| Blatt Hasenmiller Leibsker Moore | On which entry in Part 1 or Part 2 Line 4.21 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| 211 Landmark Dr. | <u></u> 5. (35 55) | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Ste c1 | | = 1 art 2. Groundre with Northholity Ground Grainle | | | | |
| Normal, IL 61761-2160 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | |
| Blatt Hasenmiller Leibsker Moore | Line 4.22 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 211 Landmark Dr. Ste c1 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Normal, IL 61761-2160 | l 4 d divide - 4 | | | | | |
| | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | · · | | | | |
| Comcast PO Box 3002 | Line 4.4 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| Southeastern, PA 19398-3002 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | |
| Diversified Consultants, Inc. | Line <u>4.24</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| PO Box 1391 Southgate, MI 48195 | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | did you list the original creditor? | | | | |
| Jefferson Capital Systems | Line 4.10 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | | |
| 16 McLeland Rd Saint Cloud, MN 56303 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Saint Gloud, Mit 30303 | Last 4 digits of account number | | | | | |
| Name and Address | On which entry in Part 1 or Part 2 | , | | | | |
| KSB HOSPITAL & MEDICAL GROUP | Line 4.12 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| PO Box 590 Dixon, IL 61021 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| DIXO11, IE 01021 | Last 4 digits of account number | | | | | |
| Official Form 106 E/F | Schedule E/F: Creditors Who Have Un | secured Claims | Page 10 of | | | |

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| Name and Address MRS Associates of New Jersey 9130 Olney Ave | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
|--|---|--|--|--|--|--|
| Cherry Hill, NJ 08003 | Last 4 digits of account number | 8138 | | | | |
| Name and Address Rockford Health Physicians Department 4701 Carol Stream, IL 60122-4701 | On which entry in Part 1 or Part 2 of Line 4.18 of (Check one): Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Name and Address RRCA 201 E 3rd St Sterling, IL 61081 | On which entry in Part 1 or Part 2 of Line 4.12 of (Check one): | lid you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | 7 | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | _ |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Fotal Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | • • • • | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 41,756.25 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 41,756.25 |

Last 4 digits of account number

| | | I AUGUITIC | 111 FAUE 37 ULUO | |
|---|--------------------------|-------------------|-------------------------------|----|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Maria R Jimenez | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS - WESTERN DIVISIO | NC |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the cor, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | <u> </u> | | <u> </u> | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| 2.4 | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | = |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | ·, | | - Clato | | |

| | | Docume | nt Page 33 d | of 68 | |
|---------------------------------------|--|---|---------------------------|--|-----------|
| Fill in this i | information to identify your | case: | | | |
| Debtor 1 | Maria R Jimenez | | | | |
| DCDIOI 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS - WESTE | RN DIVISION | |
| Case numb | er | | | | |
| (if known) | | | | ☐ Check if this is a | n |
| | | | | amended filing | |
| Schedi Codebtors a Deople are f | filing together, both are equa | re also liable for any deb ally responsible for supp | lying correct informat | s complete and accurate as possible. If two mar ion. If more space is needed, copy the Additiona o this page. On the top of any Additional Pages, | ıl Page, |
| | and case number (if known). | | | o this page. On the top of any Additional Fages, | write |
| 1. Do y | ou have any codebtors? (If y | ou are filing a joint case, o | do not list either spouse | as a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| Arizona No. (| in the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | y? (Community property states and territories includington, and Wisconsin.) | le |
| in line 2 Form 1 | 2 again as a codebtor only it | that person is a guaran | tor or cosigner. Make | if your spouse is filing with you. List the person sure you have listed the creditor on Schedule D 16G). Use Schedule D, Schedule E/F, or Schedule | (Official |
| | Column 1: Your codebtor ame, Number, Street, City, State and ZII | P Code | | Column 2: The creditor to whom you owe th Check all schedules that apply: | e debt |
| 3.1 | | | | ☐ Schedule D, line | |
| | lame | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | 0 | | | | |
| | lumber Street City | State | ZIP Code | | |
| | | | | Пол. и в г | |
| 3.2 | lame | | | Schedule D, line | |
| IN | | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| N | lumber Street | | | _ | |
| С | City | State | ZIP Code | | |

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| spouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your i | Check if this is: An amended filing A supplement showing postpetition chapte 13 income as of the following date: MM / DD / YYYY |
|--|--|
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS - WESTED IVISION Case number (If known) Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Is supplying correct information. If you are married and not filing jointly, and your spouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your income. | Check if this is: An amended filing A supplement showing postpetition chapte 13 income as of the following date: |
| Case number (If known) Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Is supplying correct information. If you are married and not filing jointly, and your spouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your response. | Check if this is: An amended filing A supplement showing postpetition chapte 13 income as of the following date: |
| Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (supplying correct information. If you are married and not filing jointly, and your spouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your income. | ☐ An amended filing ☐ A supplement showing postpetition chapte 13 income as of the following date: |
| Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (supplying correct information. If you are married and not filing jointly, and your spospouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your income. | MM / DD/ YYYY |
| Be as complete and accurate as possible. If two married people are filing together (I supplying correct information. If you are married and not filing jointly, and your spo spouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your i | IVIIVI / DD/ 1111 |
| supplying correct information. If you are married and not filing jointly, and your spo spouse. If you are separated and your spouse is not filing with you, do not include i attach a separate sheet to this form. On the top of any additional pages, write your i | 12 |
| Part 1: Describe Employment | spouse is living with you, include information about your ude information about your spouse. If more space is neede |
| 1. Fill in your employment information. Debtor 1 | Debtor 2 or non-filing spouse |
| If you have more than one job, attach a separate page with Employment status | ☐ Employed |
| information about additional | ☐ Not employed |
| employers. Occupation Medical Assistant | ant |
| Include part-time, seasonal, or self-employed work. Employer's name KSB HOSPITAL | <u>-</u> |
| Occupation may include student or homemaker, if it applies. Employer's address 403 E FIRST ST. Dixon, IL 61021 | |
| How long employed there? 10 years | rs |
| Part 2: Give Details About Monthly Income | |
| Estimate monthly income as of the date you file this form. If you have nothing to report spouse unless you are separated. | report for any line, write \$0 in the space. Include your non-filing |
| If you or your non-filing spouse have more than one employer, combine the information fo more space, attach a separate sheet to this form. | on for all employers for that person on the lines below. If you ne |
| | For Debtor 1 For Debtor 2 or non-filing spouse |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 2,285.01 \$ N/A |
| 3. Estimate and list monthly overtime pay. | · · |
| 4. Calculate gross Income. Add line 2 + line 3. | 3. +\$ 0.00 +\$ N/A |

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| Debt | or 1 | Maria R Jimenez | - | C | ase | number (<i>if kn</i> e | own) | | | | |
|------|-----------------------------|---|----------|------------|----------------|-------------------------|------|------|--------------------|----------------|------------------|
| | | | | | | Debtor 1 | | | Debtor filing s | 2 or spouse | |
| | Cop | by line 4 here | 4. | | \$ | 2,285 | .01 | \$ | | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | à. | \$ | 399 | .36 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | | .00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c |) . | \$ | 0 | .00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | d. | \$_ | 0 | .00 | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | | \$ | 109 | | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | \$_ | | .00 | \$ | | N/A | _ |
| | 5g. 5h. | Union dues | 5g | | \$_ \$ | | .00 | + \$ | | N/A | _ |
| _ | | Other deductions. Specify: | | 1.+ | Ф _ | | | · — | | N/A | |
| 6. | | d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ _ | 508 | | \$ | | N/A | _ |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,776 | .45 | \$ | | N/A | <u> </u> |
| 8. | List 8a. | t all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 90 | | \$ | 0 | 00 | ¢ | | NI/A | |
| | 8b. | Interest and dividends | 8a 8b | | ^Ф _ | | .00 | \$ | | N/A N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | · | | | | | - | _ |
| | 0.1 | settlement, and property settlement. | 8c | | \$_ | | .00 | \$ | | N/A | |
| | 8d. 8e. | Unemployment compensation Social Security | 8d 8e | | \$_ \$ | | .00 | \$ | | N/A N/A | _ |
| | 8f. | Other government assistance that you regularly receive | 06 | 5 . | Ψ | U | .00 | Ψ | | IN/A | <u> </u> |
| | | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | 0 | .00 | \$ | | N/A | L |
| | 8g. | Pension or retirement income | 8g | | \$ | | .00 | \$ | | N/A | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$ | 0 | .00 | + \$ | | N/A | <u> </u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0 | .00 | \$ | | N/ | A |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 1,776.45 | + \$ | | N/A | = \$ | 1,776.45 |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 1,770.45 | ٦ ٧. | | 14/7 | | 1,770.43 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | | • | | | | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | | 12. | \$ | 1,776.45 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form | ? | | | | | | · | Combi month | ned ly income |
| | | No. | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

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| Filli | in this informa | tion to identify yo | ur case: | | | | | |
|------------|----------------------------|---|------------------------|--|--|--------------------------|-----------------|--|
| Deb | tor 1 | Maria R Jime | enez | | | Che | eck if this is: | |
| | tor 2 ouse, if filing) | | | | | | | wing postpetition chapter the following date: |
| ` ' | , 0, | uptcy Court for the | | HERN DISTRICT OF ILLIN ERN DIVISION | OIS - | | MM / DD / YYYY | |
| 1 | e number nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | 1 | | |
| Be a | as complete ormation. If m | | possible eded, atta | . If two married people anch another sheet to this | | | | |
| Part 1. | t 1: Descr | ribe Your House | hold | | | | | |
| | ■ No. Go to | line 2. | n a separ | ate household? | | | | |
| | □ N □ Y | - | st file Offici | al Form 106J-2, <i>Expense</i> s | s for Separate House | ehold of De | btor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | | □ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No |
| 3. | expenses o | penses include f people other t d your depende | nan $_{f 	au}$ | No Yes | | | | ☐ Yes |
| exp | imate your ex | | our bankr | ly Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | h assistance an | | government assistance i cluded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| 4. | | or home owners and any rent for the | | uses for your residence. I or lot. | nclude first mortgag | e 4. | \$ | 875.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4b. Prope 4c. Home | estate taxes rty, homeowner's maintenance, re owner's associat | pair, and ι | upkeep expenses | | 4a. 4b. 4c. 4d. | \$ | 0.00 0.00 0.00 0.00 |
| 5 | Additional r | nortagae navme | nte for w | our residence, such as ho | mo oquity loons | 5 | Φ 2 | 0.00 |

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| Debtor 1 | | Maria R Jimenez | | | Case num | ber (if known) | |
|--------------|---------------|-----------------|----------------------------------|--|--------------------|----------------|------------------------------|
| 6. l | Utiliti | ies: | | | | | |
| | 6a. | | heat, natural gas | | 6a. | \$ | 300.00 |
| 6 | 6b. | Water, sev | ver, garbage collection | | 6b. | \$ | 100.00 |
| 6 | 6c. | Telephone | , cell phone, Internet, satellit | e, and cable services | 6c. | \$ | 95.00 |
| 6 | 6d. | Other. Spe | ecify: | | 6d. | \$ | 0.00 |
| 7. F | Food | | ekeeping supplies | | 7. | \$ | 100.00 |
| 8. (| Child | dcare and c | hildren's education costs | | 8. | \$ | 0.00 |
| 9. (| Cloth | ning, laund | ry, and dry cleaning | | 9. | \$ | 50.00 |
| 10. F | Perso | onal care p | roducts and services | | 10. | \$ | 25.00 |
| 11. I | Medi | cal and dei | ntal expenses | | 11. | \$ | 0.00 |
| 12. | Trans | sportation. | Include gas, maintenance, b | ous or train fare. | | | |
| | | | ar payments. | | 12. | • | 100.00 |
| 13. E | Enter | rtainment, | clubs, recreation, newspap | ers, magazines, and books | 13. | \$ | 0.00 |
| 14. (| Chari | itable cont | ributions and religious don | ations | 14. | \$ | 40.00 |
| 15. I | Insur | rance. | | | | | |
| | | | | pay or included in lines 4 or 20. | | | |
| | | Life insura | | | 15a. | | 0.00 |
| | | Health ins | | | 15b. | | 0.00 |
| 1 | 15c. | Vehicle ins | surance | | 15c. | | 77.00 |
| | | | rance. Specify: | | 15d. | \$ | 0.00 |
| | | | clude taxes deducted from yo | our pay or included in lines 4 or 20. | | | |
| | Speci | , | | | 16. | \$ | 0.00 |
| | | | ease payments: | | | • | |
| | | | ents for Vehicle 1 | | 17a. | | 0.00 |
| | | | ents for Vehicle 2 | | 17b. | | 0.00 |
| | | Other. Spe | - | | 17c. | · | 0.00 |
| | | Other. Spe | | | 17d. | \$ | 0.00 |
| | | | | and support that you did not report | | 2 | 0.00 |
| | | | | <i>le I, Your Income</i> (Official Form 106I rs who do not live with you. | ı). 10. | \$ | 0.00 |
| | Speci | | you make to support othe | is will do not live with you. | 19. | Ψ | 0.00 |
| | • | - | arty expenses not included | in lines 4 or 5 of this form or on Sc | | ur Income | |
| | | | on other property | | 20a. | | 0.00 |
| | | Real estat | | | 20b. | | 0.00 |
| | | | nomeowner's, or renter's insu | irance | 20c. | · | 0.00 |
| | | | ce, repair, and upkeep exper | | 20d. | | 0.00 |
| | | | er's association or condomini | | 20a. | | 0.00 |
| | | r: Specify: | or addoctation of condomin | idiii dde3 | 21. | · | 0.00 |
| Z1. (| Othe | i. Specify. | | | | Τ Ψ | 0.00 |
| 22. (| Calcu | ulate your ı | nonthly expenses | | | | |
| 2 | 22a. <i>i</i> | Add lines 4 | through 21. | | | \$ | 1,762.00 |
| 2 | 22b. (| Copy line 22 | 2 (monthly expenses for Deb | tor 2), if any, from Official Form 106J-2 | 2 | \$ | |
| 2 | 22c. / | Add line 22a | a and 22b. The result is your | monthly expenses. | | \$ | 1,762.00 |
| | | | • | , , | | · — | 1,: 62:00 |
| | | - | nonthly net income. | | | | _ |
| | | , , | 12 (your combined monthly in | , | 23a. | | 1,776.45 |
| 2 | 23b. | Copy your | monthly expenses from line | 22c above. | 23b. | -\$ | 1,762.00 |
| _ | | 0.14 | 41.1 | | | | |
| 2 | 23c. | | our monthly expenses from y | our monthly income. | 23c. | \$ | 14.45 |
| | | rne result | is your monthly net income. | | ۷۵۵. | | |
| 24 I | Do ν | ou expect a | in increase or decrease in v | your expenses within the year after | you file this | form? | |
| | | | | car loan within the year or do you expect yo | | | ase or decrease because of a |
| | | | terms of your mortgage? | , , | -33 - 1 | | |
| I | ■ No | 0. | | | | | |
| | □ Ye | | Explain here: | | | | |

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| FIII In this infor | mation to identify your | Caee. | | | |
|---------------------------|--------------------------|---|-------------------------------|---|--|
| Dahrand | | case. | | | |
| Debtor 1 | Maria R Jimenez | Middle Name | Last Name | | |
| Debtor 2 | i iist ivaine | Wildele Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS - WESTERN | IDIVISION | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| If two married po | eople are filing togethe | r, both are equally respo ile bankruptcy schedule n connection with a ban | | ect information. Making a false staten | 12/15 nent, concealing property, or or imprisonment for up to 20 |
| Sig | n Below | | | | |
| | | | | | |
| Did you pa | y or agree to pay some | one who is NOT an atto | orney to help you fill out ba | ankruptcy forms? | |
| Did you pa ■ No | y or agree to pay some | one who is NOT an atto | orney to help you fill out ba | ankruptcy forms? | |
| ■ No | y or agree to pay some | eone who is NOT an atto | orney to help you fill out ba | Attach <i>Bankr</i> o | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |

Date _____

Date **February 16, 2017**

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| Fill | in this inform | ation to identify you | r case: | | | |
|-------------|-------------------|--|---|---|---|---|
| Deb | tor 1 | Maria R Jimenez | | | | |
| Dob | tor 2 | First Name | Middle Name | Last Name | | |
| | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Ban | kruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS - WESTERN DI | /ISION | |
| Cas | e number | | | | | |
| (if kno | | | | | | Check if this is an amended filing |
| | | | | | | Ü |
| ∩ff | icial For | m 107 | | | | |
| | | | Affaira far Individ | luala Filina far D | an len untare | |
| 5 18 | itement | of Financial A | Affairs for Individ | duals Filling for B | ankruptcy | 4/16 |
| | | | | | equally responsible for sup additional pages, write you | |
| | |). Answer every que: | | | additional pages, write you | ar name and odde |
| Part | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| | | current marital statu | | | | |
| | _ | | | | | |
| | ☐ Married | | | | | |
| | ■ Not marr | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | ☐ Yes. List | all of the places you I | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| , | Within the le | at O veere did vev ev | ver live with a species or les | el aguivalant in a cammun | itu nunnautu atata au tauritau | |
| | | | | | ity property state or territor co, Texas, Washington and V | |
| | | | | | | |
| | ■ No □ Yes. Mal | ko suro vou fill out Sol | andula H. Vaur Cadabtara (Ot | ficial Form 106H) | | |
| | L Tes. Iviai | ke sure you iiii out <i>sci</i> | nedule H: Your Codebtors (Of | iliciai Foitii 100H). | | |
| Part | 2 Explain | n the Sources of You | r Income | | | |
| | D'.1 | | | | | |
| | Fill in the total | I amount of income yo | nployment or from operating u received from all jobs and a have income that you received. | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | | in the details. | | | | |
| | _ 100.1 iii | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$2,357.34 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | | | | | |

Official Form 107

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Page 40 of 68 Case number (if known) Document Debtor 1 Maria R Jimenez

| | | | | Debter | | Dalita a O | | |
|----|--|--|---|--|--|--|--------------------------|---|
| | | | | Debtor 1 Sources of income | Gross income | Debtor 2 Sources of inc | ome | Gross income |
| | | | | Check all that apply. | (before deductions and exclusions) | Check all that a | | (before deductions and exclusions) |
| | r last caler inuary 1 to | dar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$28,991.51 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$29,435.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | |
| 5. | Include include and other winnings. List each and the second sec | come regard public bene If you are fil | dless of wheti fit payments; ing a joint ca | e during this year or the two ner that income is taxable. Exa pensions; rental income; inter- se and you have income that y ome from each source separat | imples of other income are a est; dividends; money collector ou received together, list it | alimony; child supp cted from lawsuits; only once under De | royalties; an btor 1. | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below. | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | | |
| 6. | Are eithe ☐ No. | Neither D | ebtor 1 nor I | or the consumer of the consume | mer debts. Consumer debi | ts are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | During the No. | 90 days before 3 | ore you filed for bankruptcy, did | d you pay any creditor a tota | al of \$6,425* or moi | re? | |
| | | ☐ Yes | paid that co | each creditor to whom you paid reditor. Do not include paymen payments to an attorney for the t on 4/01/19 and every 3 years | its for domestic support obliquis bankruptcy case. | gations, such as ch | ild support a | and alimony. Also, do |
| | ■ Yes. | | | or both have primarily consu | | al of \$600 or more? | | |
| | | □ _{No.} | Go to line | 7. | | | | |
| | | ■ Yes | List below include pay | each creditor to whom you paid rments for domestic support ob r this bankruptcy case. | | | | |
| | Creditor | s Name an | d Address | Dates of payme | nt Total amount | Amount you still owe | Was this | payment for |
| | PO Box | Mortgage 9001871 Ile, KY 402 | 290-1871 | Monthly | \$875.00 | \$74,887.44 | | |

| De | btor 1 | Case 17-80312 Maria R Jimenez | Doc 1 | Filed 02/16/17 Document | Page 41 of 68 | 16/17 15:10:5 8 se number (<i>if known</i>) | 9 Desc Main |
|----|--|--|----------------------------------|--|--|---|---|
| 7. | Inside of which a busi alimor | ch you are an officer, directoness you operate as a sole | y general par or, person in o | tners; relatives of any gecontrol, or owner of 20% | eneral partners; partr or more of their votir | nerships of which you ng securities; and any | are a general partner; corporation managing agent, including one fo |
| | | es. List all payments to an i | nsider. | | | | |
| | Insid | er's Name and Address | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| В. | inside Includ | er? le payments on debts guarar No ⁄es. List all payments to an i | nteed or cosi | gned by an insider. | | | count of a debt that benefited an |
| | Insid | er's Name and Address | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Pa | rt 4: | Identify Legal Actions, Re | possession | s, and Foreclosures | P | | |

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

| Yes. Fill in the details. | | | |
|--|--------------------|---|---|
| Case title Case number | Nature of the case | Court or agency | Status of the case |
| Jimenez v Herrera 2016 D 31 | Divorce | Lee County 309 S Galena Dixon, IL 61021 | □ Pending□ On appeal■ Concluded |
| Woodhaven Association v Jimenez 2016 SC 585 | Suit for money | Lee County 309 S Galena Dixon, IL 61021 | ■ Pending □ On appeal □ Concluded |
| TD Bank USA v Maria R. Jimenez 2016 SC 805 | Small Claims | Lee County 309 S Galena Dixon, IL 61021 | Pending On appeal Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

| _ | | | | |
|---|-----|------|---------|--|
| | NIA | Coto | line 11 | |
| | | | | |

☐ Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Date

Value of the property

Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

■ No

☐ No

☐ Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Amount

Case 17-80312 Doc 1 Filed 02/16/17 Entered 02/16/17 15:10:59 Desc Main Document Page 42 of 68 ase number (if known) Debtor 1 Maria R Jimenez 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ☐ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Saint Patrick's Catholic Church Money Weekly \$10.00 **Dixon, IL 61021** Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You

Attorney Fees

\$600.00

LAW OFFICE OF MICHAEL C. DOWNEY

420 WEST SECOND STREET

DIXON, IL 61021

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Debtor 1 Maria R Jimenez

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | | | | | | | |
|-----|--|--|----------------------------|---------------|---|---|--|--|--|
| | Person Who Was Paid Address | Description and va | alue of any prope | rty | Date payment or transfer was made | Amount of payment | | | |
| | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | | | |
| | ☐ Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you | Description and va property transferre | | | ny property or eceived or debts hange | Date transfer was made | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
| | Name of trust Description and value of the property transferred | | | | Date Transfer was made | | | | |
| Par | 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and Stora | ge Units | | | | | |
| | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No Yes. Fill in the details. | other financial accoun | ts; certificates of | | - | | | | |
| | | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or sferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, any s | safe deposit | box or other deposi | itory for securities, | | | |
| | Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, State and ZIP Code) | | escribe the c | ontents | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or ■ No □ Yes. Fill in the details. | place other than your | home within 1 yea | ar before you | ı filed for bankrupto | cy? | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or he to it? Address (Number, State and ZIP Code) | | escribe the c | ontents | Do you still have it? | | | |

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Debtor 1 Maria R Jimenez

| Pa | rt 9: Identify Property You Hold or Control for | Someone Else | | | | | | | |
|-----|--|--|--------|---|--------------------|--|--|--|--|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any prop | erty y | ou borrowed from, are storing for | , or hold in trust | | | | |
| | □ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | | escribe the property | Value | | | | |
| | Jose and Alex Herrera Dixon, IL 61021 | 522 N Galena Dixon, IL 61021 | | vo jet skies which belong to y sons, Jose and Alex | Unknown | | | | |
| Pa | rt 10: Give Details About Environmental Inform | ation | | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | | |
| - | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su Site means any location, facility, or property as to own, operate, or utilize it, including disposal | air, land, soil, surface water, grou bstances, wastes, or material. s defined under any environmenta | ndwa | ter, or other medium, including sta | atutes or | | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | us wa | ste, hazardous substance, toxic s | ubstance, | | | | |
| Rep | oort all notices, releases, and proceedings that y | | en th | ey occurred. | | | | | |
| 24. | Has any governmental unit notified you that yo | u may be liable or potentially liab | le un | der or in violation of an environme | ental law? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State & ZIP Code) | and | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State & ZIP Code) | and | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any en | viron | mental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | | | |
| Pa | rt 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have a | any o | f the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a | • | • | • | | | | | |
| | ☐ A member of a limited liability company | | • | • | | | | | |
| | ☐ A partner in a partnership | | . ` | • | | | | | |
| | ☐ An officer, director, or managing execu | tive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |

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| No. None of the above applies. Go to Part 12. | | | | | | | |
|--|---|---|--|--|--|--|--|
| Yes. Check all that apply above and fill in the details below for each business. | | | | | | | |
| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | | | | |
| Within 2 years before you filed for bankrup institutions, creditors, or other parties. | otcy, did you give a financial statement to a | anyone about your business? Include all financial | | | | | |
| ■ No □ Yes. Fill in the details below. | | | | | | | |
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |

28.

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Page 46 of 68 Case number (if known) Debtor 1 Maria R Jimenez

| Part 1 | Sign Below | | |
|-------------------|-------------------------------|---|----------------------|
| are tru with a | e and correct. I under | this Statement of Financial Affairs and any attachments, and I declare under perstand that making a false statement, concealing property, or obtaining money or result in fines up to \$250,000, or imprisonment for up to 20 years, or both. | , , , , |
| /s/ Ma | aria R Jimenez | | |
| | R Jimenez ture of Debtor 1 | Signature of Debtor 2 | |
| Date | February 16, 2017 | Date | |
| Did yo | u attach additional pa | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy | (Official Form 107)? |
| No | | | |
| ☐ Yes | | | |
| Did yo | u pay or agree to pay | someone who is not an attorney to help you fill out bankruptcy forms? | |
| No | | | |
| ☐ Yes | . Name of Person | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Offi | cial Form 119). |

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| Fill in this inform | nation to identify you | r case. | | |
|-------------------------------------|---|---|---|---|
| | | | | |
| Debtor 1 | Maria R Jimenez First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS - WESTERN DIVISION | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | rm 108 | | | |
| Statemen | nt of Intentio | on for Indiv | iduals Filing Under Ch | napter 7 12/15 |
| | | | <u> </u> | <u> </u> |
| If you are an indi | vidual filing under ch | apter 7, you must fill | out this form if: | |
| creditors have | e claims secured by y | our property, or | | |
| • | ed personal property | | | |
| | ver is earlier, unless t | | you file your bankruptcy petition or by the e time for cause. You must also send cop | |
| If two married pe | | er in a joint case, bo | th are equally responsible for supplying o | correct information. Both debtors must |
| Sign an | d date the form. | | | |
| | and accurate as possi our name and case nu | | needed, attach a separate sheet to this f | orm. On the top of any additional pages, |
| write ye | our manne and case no | illiber (il kilowii). | | |
| Part 1: List Yo | our Creditors Who Ha | ve Secured Claims | | |
| 1. For any credito | ors that you listed in I | art 1 of Schedule D | : Creditors Who Have Claims Secured by | Property (Official Form 106D), fill in the |
| information be | elow. editor and the property | that is collateral | What do you intend to do with the prop | erty that Did you claim the property |
| idoniny ino oro | outer and the property | that io conditional | secures a debt? | as exempt on Schedule C? |
| | | | | |
| Creditor's C | hase Mortgage | | ☐ Surrender the property. | □No |
| name: | 0 0 | | Retain the property and redeem it. | |
| Description of | 522 North Galena | Ave Diven II | Retain the property and enter into a | ■ Yes |
| property | 61021 Lee Count | , | Reaffirmation Agreement. | |
| securing debt: | | • | ☐ Retain the property and [explain]: | |
| ŭ | | | | |
| | our Unexpired Person | | | |
| For any unexpire in the information | ed personal property l n below. Do not list re | ease that you listed eal estate leases. Un | in Schedule G: Executory Contracts and expired leases are leases that are still in e | Unexpired Leases (Official Form 106G), fill effect; the lease period has not yet ended. |
| | | | he trustee does not assume it. 11 U.S.C. | |
| Describe your u | nexpired personal pro | operty leases | | Will the lease be assumed? |
| December your un | nonpirou porcenui pri | pporty rounds | | |
| Lessor's name: | | | | □ No |
| Description of lea Property: | asea | | | ☐ Yes |
| | | | | — 103 |
| Lessor's name: | | | | □ No |
| Description of lea Property: | ased | | | □ y _{ee} |
| i toporty. | | | | ☐ Yes |
| Lessor's name: | | | | □ No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Debtor 1 Maria R Jimenez | Case number (if known) |
|--------------------------------------|------------------------|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |

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| Debtor | r1 <u>N</u> | flaria R Jimenez | Case number (if known) |
|---------|-------------|-------------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Part 3: | Si | gn Below | |
| propert | ty tha | t is subject to an unexpired lease. | ted my intention about any property of my estate that secures a debt and any personal |
| X /s | s/ Mai | | V |
| | | ria R Jimenez | X |
| | laria | rıa R Jimenez R Jimenez | Signature of Debtor 2 |
| M | | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80312 Doc 1 Filed 02/16/17 Entered 02/16/17 15:10:59 Desc Main Document Page 54 of 68

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois - Western Division

| In r | re Maria R Jimenez Case No |
|------|--|
| | Debtor(s) Chapter 7 |
| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |
| | For legal services, I have agreed to accept \$ 600.00 |
| | Prior to the filing of this statement I have received \$ 600.00 |
| | Balance Due |
| 2. | \$335.00_ of the filing fee has been paid. |
| 3. | The source of the compensation paid to me was: |
| | ■ Debtor □ Other (specify): |
| 4. | The source of compensation to be paid to me is: |
| | ■ Debtor □ Other (specify): |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] |

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, amendment to schedules to add creditors, motion to reopen case. Additional or Non-Base Legal Services POST-PETITION. Legal services which are beyond those contemplated in the Base Retainer will be provided by Attorney POST PETITION at an additional fee, including but not limited to representing Client in: (a) Discharge proceedings, including those related to student loans, taxes or undue hardships; (b) motions for relief from, or continuation, defense or enforcement of the Automatic Stay; (c) motions to redeem personal property; (d) rule 2004 examinations; (e) motions to avoid liens/judgments(\$500.00); (f) contested matters or adversary proceedings; (g) contested matters regarding Client's claim of exempt property; (h) filling any amendments to the schedules; (i) motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing; (j) motions or adversary complaints to abandon/refinance/sell/purchase property; (k) assisting in carrying out the Debtor's Statement of Intentions; (l) monitoring an "asset case"; (m) re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling; (n) issues that arise that are not specifically listed in the Retainer; (o) garnishment recovery; (p) reaffirmation agreement negotiation and review, where permissible.

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| In re | Maria R Jimenez | Case No. | |
|-------|-----------------|----------|--|
| | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| | CERTIFICATION |
|---|---|
| I certify that the foregoing is a complete statem this bankruptcy proceeding. | ent of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| February 16, 2017 Date | /s/ MICHAEL C. DOWNEY MICHAEL C. DOWNEY 6186785 - Illinois Signature of Attorney LAW OFFICE OF MICHAEL C. DOWNEY 420 WEST SECOND STREET DIXON, IL 61021 815.288.6688 Name of law firm |

Attorney Contract

If you receive services from my office regarding bankruptcy, this requires that you and I sign a written agreement. If you wish to hire me, you must sign below.

My office will file a Bankruptcy Proceeding with all the paper required to be filed therewith for the fees set forth below. An attorney will also be with you at the "Meeting of Creditors." The court charges the filing fee listed below. Since all bankruptcies are not identical and I cannot tell in advance all the services you may need, I have listed additional possible fees below that may or may not apply to you. I reserve the right to modify the fees listed below prior to the time you hire me.

| If you sign | below, you | are agreeing | to do | the | following: |
|-------------|------------|--------------|-------|-----|------------|
| · · | | | | | _ |

- 1. To completely and honestly fill out all the forms provided to you.
- 2. To provide all the documentation requested.
- 3. To promptly respond to any inquires I make.
- 4. To pay all fees within 30 days of billing.

| DOWN PAYN I accept cash, | MENT FOR CHAPTER 7 \$ DATE |
|-----------------------------|---|
| Basic Fees: | Preparation of Petition and Basic Services. Basic services includes attending the meeting of creditors but <u>does not</u> include payment for pre-bankruptcy certificate, bankruptcy class or further court hearings, if required. |
| 335 | Filing Fee (Charged by the Bankruptcy Court) |
| 935 | Basic Total. |

POSSIBLE ADDITIONAL CHARGES WILL BE REQUIRED IF YOUR INCOME EXCEEDS THE STATE MEDIAN INCOME OR YOU NEED TO AMEND THE PETITION AFTER FILING. ADDITIONALLY, THE ABOVE FEE DOES NOT INCLUDE ANY MOTIONS OR OBJECTIONS TO DISCHARGE WHICH REQUIRE A COURT HEARING OR MOTIONS TO REMOVE LIENS OR JUDGMENTS AND THE PREPARATION OF ANY REAFFIRMATION AGREEMENTS OR FILING OF ANY REAFFIRMATION AGREEMENTS.

DEBTOR DEBTOR ATTORNEY

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United States Bankruptcy Court Northern District of Illinois - Western Division

| In re | Maria R Jimenez | | Case No. | |
|-------|--|---|--------------------------------|---------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | ERIFICATION OF CREDITOR N | MATRIX | |
| | | Number of | f Creditors: | 36 |
| | The above-named Debtor(s) (our) knowledge. |) hereby verifies that the list of credi | itors is true and correct to t | he best of my |
| Date: | February 16, 2017 | /s/ Maria R Jimenez Maria R Jimenez Signature of Debtor | | |

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| De | btor 1 | Maria R Jimenez | | | Case number | er (if known) | | |
|------|---|---|---|---|---|---|--|--|
| Pa | rt 6: | Answer These Ques | tions for Re | porting Purposes | | | | |
| 16. | | t kind of debts do have? | 16a. | Are your debts primarily coindividual primarily for a pers | onsumer debts? Consumer debts are defisional, family, or household purpose." | ined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | | ☐ No. Go to line 16b. | | | | |
| | | | | ■ Yes. Go to line 17, | | | | |
| | | | 16b. | Are your debts primarily be money for a business or inve | usiness debts? Business debts are debts estment or through the operation of the bus | that you incurred to obtain | | |
| | | | | ☐ No. Go to line 16c. | | | | |
| | | | | ☐ Yes. Go to line 17, | | | | |
| | | | 16c. | State the type of debts you o | owe that are not consumer debts or busines | ss debts | | |
| | | | - | | | | | |
| 17. | | ou filing under ter 7? | □ No. | am not filing under Chapter | 7. Go to line 18. | | | |
| | after prope admir | ou estimate that any exempt erty is excluded and nistrative expenses | • | am filing under Chapter 7. Eare paid that funds will be av | Do you estimate that after any exempt prop ailable to distribute to unsecured creditors? | erty is excluded and administrative expenses ? | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | | ⊒ Yes | | | | |
| 18. | | many Creditors do stimate that you | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | □ 1,000-5,000 □ 5001-10,000 □ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | |
| 19. | | much do you ate your assets to orth? | □ \$100,00 | 0,000 - \$100,000 1 - \$500,000 1 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | | nuch do you ate your liabilities ? | \$100,00 | ,000 - \$100,000 - \$500,000 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | \$500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion | | |
| Part | 7: S | ign Below | | | | | | |
| For | you | | I have exar | nined this petition, and I decl | are under penalty of perjury that the inform | nation provided is true and correct. | | |
| | | | If I have ch | osen to file under Chapter 7, | I am aware that I may proceed, if eligible, lief available under each chapter, and I cho | under Chapter 7 11 12 or 13 of title 11 | | |
| | | | If no attorned document, | ey represents me and I did no have obtained and read the | ot pay or agree to pay someone who is not notice required by 11 U.S.C. § 342(b). | an attorney to help me fill out this | | |
| | | | I request re | lief in accordance with the ch | napter of title 11, United States Code, spec | ified in this petition. | | |
| | | | l understandankruptcy and 3571. Maria R Ji Signature o | case can result in fines up to | concealing property, or obtaining money or o \$250,000, or imprisonment for up to 20 yes Signature of Debtor | ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | Executed or | | Executed on MM / | DD / YYYY | | |

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| | | Case number (If known) |
|---|--|---|
| or your attorney, if you are epresented by one you are not represented by attorney, you do not need file this page. | I, the attorney for the debtor(s) named in this petition, declare tunder Chapter 7, 11, 12, or 13 of title 11, United States Code, a for which the person is eligible. I also certify that I have deliver and, in a case in which § 707(b)(4)(D) applies, certify that I have schedules filed with the petition is incorrect. Signature of Attorney for Debtor MICHAEL C. DOWNEY | that I have informed the debtor(s) about eligibility to proceed and have explained the relief available under each chapter ed to the debtor(s) the notice required by 11 U.S.C. § 342(to be no knowledge after an inquiry that the information in the Date February 16, 2017 |
| - | LAW OFFICE OF MICHAEL C. DOWNEY | |
| | 420 WEST SECOND STREET DIXON, IL 61021 Number, Street, City, State & ZIP Code | |
| | Contact phone 815.288.6688 Email a | ddress |
| <u>(</u> | 6186785 - Illinois Barnumber & State | |

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| Declaration About an Individual Debtor's Schedules f two married people are filing together, both are equally responsible for supplying correct information. four must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 pears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Fill in this info | rmation to identify your | case: | | | | |
|---|-------------------|----------------------------|-------------------------|--|------------------------|--|--|
| Debtor 2 (Spouse f, filtrig) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION Case number (If Known) Check if this is an amended filling Official Form 106Dec Declaration About an Individual Debtor's Schedules f two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Debtor 1 | | | | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION Case number (if known) Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Prepare's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | D.14 - | First Name | Middle Name | Last Name | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION Case number (If known) Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | First Name | Mean of | | | | |
| Case number (If known) Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 It wo married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | Miladle Name | Last Name | | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 It wo married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or Imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | United States Ba | ankruptcy Court for the: | NORTHERN DISTRI | CT OF ILLINOIS - WESTE | RN DIVISION | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Case number | | | | | | |
| f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | (if known) | | | | | · — | |
| f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 lears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Official Forr | m 106Dec | | | | | |
| f two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Declarat | tion About a | n Individua | I Dehtor's Sa | chodulos | | |
| Cou must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 rears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | 710000 | TI III GIVIGUE | ii Deptol 3 30 | <u>lieuules</u> | 12/15 | |
| Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Sigr | n Below | | | | | |
| Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | Did you pay | y or agree to pay some | one who is NOT an atte | orney to help you fill out I | bankruptcy forms? | | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | |
| triat triey are true and correct. | ☐ Yes. N | Name of person | | | Attach Ba Declaration | tach Bankruptcy Petition Preparer's Notice, eclaration, and Signature (Official Form 119) | |
| | Under penal | ty of perjury, I declare t | hat I have read the sur | nmary and schedules file | d with this declarat | tion and | |
| | + 14 L | a ac and concet. | | medical medica | | ion and | |
| ^ | - v 714 | and correct. | | | | ion and | |
| Maria R Jimenez Signature of Debtor 2 Signature of Debtor 1 | X // \\ Maria R | | | X | | | |
| Date February 16, 2017 Date | Maria R | R Jimenez | | X | | | |

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| Debtor 1 Maria R Jimenez | Casa number |
|--|---|
| ···· | Case number (if known) |
| Part 12: Sign Below | |
| I have read the answers on this Statement of Financial are true and correct. I understand that making a false st with a bankruptcy case can result in fines up to \$250,00 18 U.S.C. §§ 152, 1341, 1519, and 3571. | Affairs and any attachments, and I declare under penalty of perjury that the answers tatement, concealing property, or obtaining money or property by fraud in connection 0, or imprisonment for up to 20 years, or both. |
| Maria R Jimenez Signature of Debtor 1 | Signature of Debtor 2 |
| Date February 16, 2017 | Date |
| Did you attach additional pages to <i>Your Statement of Fin</i> No ☐ Yes | nancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone who is not an attor ■ No | mey to help you fill out bankruptcy forms? |
| Yes. Name of Person Attach the Bankruptcy Petit | ion Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Debtor 1 Maria R Jimenez | Case number (if known) |
|--|--|
| Part 3: Sign Below | |
| Inder penalty of perjury, I declare that I have indicated my in property that is subject to an unexpired lease. | tention about any property of my estate that secures a debt and any personal |
| Maria R Jimenez Signature of Debtor 1 | Signature of Debtor 2 |
| Date February 16, 2017 | Date |

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| In re | Maria R Jimenez | Case No. |
|-----------------|---|--|
| | | ebtor(s) |
| | DISCLOSURE OF C | OMPENSATION OF ATTORNEY FOR DEBTOR(S) (Continuation Sheet) |
| | | CERTIFICATION |
| I c this ban | sertify that the foregoing is a complete state akruptcy proceeding. | ent of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| | oruary 16, 2017 | And the state of t |
| Dat | te | MICHAEL C. DOWNEY 6186785 - Illinois |
| | | Signature of Attorney LAW OFFICE OF MICHAEL C. DOWNEY |
| | | 420 WEST SECOND STREET |
| | | DIXON, IL 61021 |
| | | 815.288.6688 |

Name of law firm

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United States Bankruptcy Court Northern District of Illinois - Western Division

| | 1101 | their District of Inniois - Western | DIVISION | |
|-------|--|--|---------------------------------|--------------|
| In re | Maria R Jimenez | Debtor(s) | Case No. Chapter 7 | |
| | | Debidi(s) | Chapter 1 | |
| | VER | RIFICATION OF CREDITOR M | IATRIX | |
| | | Number of | Creditors: | -372 |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credi | tors is true and correct to the | e best of my |
| Date: | February 16, 2017 | Maria R Jimenez Signature of Debtor | | |

Att Linda Giesen Dixon & Giesen Law Offices 121 East 1st St Dixon, IL 61021

Blatt Hasenmiller Leibsker Moore 211 Landmark Dr. Ste cl Normal, IL 61761-2160

CenturyLink PO Box 4300 Carol Stream, IL 60197-4300

Chase - CC Attn. Bankruptcy Department PO Box 15298 Wilmington, DE 19850

Chase Mortgage PO Box 9001871 Louisville, KY 40290-1871

Collection Professionals PO Box 416 La Salle, IL 61301-0416

Comcast 4450 Kishwaukee St Rockford, IL 61109

Comcast PO Box 3002 Southeastern, PA 19398-3002

ComEd System Credit/Bankruptcy Dept. 2100 Swift Drive Oak Brook, IL 60523-1559

Commenity Bank Attn: Bankruptcy Dept. PO Box 182789 Columbus, OH 43218 Direct TV, Inc. PO Box 78626 Phoenix, AZ 85062-8626

Diversified Consultants, Inc. PO Box 1391 Southgate, MI 48195

Dr Kim Brokaw, DDS 123 Hennepin Dixon, IL 61021

Fashion Bug PO Box 856021 Louisville, KY 40285-6021

IC System
PO Box 64378
Saint Paul, MN 55164

Jefferson Capital Systems 16 McLeland Rd Saint Cloud, MN 56303

KSB HOSPITAL & MEDICAL GROUP 403 East 1st St Dixon, IL 61021

KSB HOSPITAL & MEDICAL GROUP PO Box 590 Dixon, IL 61021

Lee County Collector Lee County Court House Dixon, IL 61021

Lee County Health Dept. 309 S Galena Dixon, IL 61021

Midland States Bank 101 W 1st St. Dixon, IL 61021 MRS Associates of New Jersey 9130 Olney Ave Cherry Hill, NJ 08003

Nicor Gas Attention:Bankruptcy & Collections PO Box 549 Aurora, IL 60507-0549

REPUBLIC SERVICES #766 PO BOX 9001154 Louisville, KY 40290

Rockford Health Physicians 2300 North Rockton Ave. Rockford, IL 61103

Rockford Health Physicians Department 4701 Carol Stream, IL 60122-4701

Rockford Health Systems-Endocnolgy 2300 North Rockton Ave Rockford, IL 61103

RRCA 201 E 3rd St Sterling, IL 61081

Stewarts Heating & Air 321 West 1st Dixon, IL 61021

TARGET NATIONAL BANK PO BOX 673 Minneapolis, MN 55440

TD Bank co Blatt Hasenmiller Leibsker Moore 211 Landmark Dr., Ste c1 Normal, IL 61761-2160

United States Cellular PO Box 0203 Palatine, IL 60055

VERIZON WIRELESS PO Box 26055 Minneapolis, MN 55426

Woodhaven Association 508 La Moille Rd Sublette, IL 61367

Woodhaven Association 508 La Moille Rd PO Box 110 Sublette, IL 61367

Younkers PO Box 659813 San Antonio, TX 78265